

**IOWA DEPARTMENT OF NATURAL RESOURCES  
NPDS REPORTING SYSTEM - DISCHARGE MONITORING REPORT  
FACILITY INFORMATION**

*This form is valid 4/1/2015 to 3/31/2020*

**Facility Name:** SIOUX CITY, CITY OF STP

**Permit #:** 9778001

**Month/Year:**

**Outfall #(s):** 001 - DISCHARGE FROM AN ACTIVATED SLUDGE WASTEWATER TREATMENT PLANT.

**Operator Name:**

**Certification #:**

**Phone #:**

**Lab Cert. #:**

**Comments:**

*\*Include Comments longer than 1000 characters in email*

**Signature:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.